Provider *Insider*

ATTENTION: ALL PROVIDERS

MEDICAL AND DENTAL PRIOR AUTHORIZATION (PA) SUPPORTING DOCUMENTATION CHANGES

Beginning April 1, 2017, providers will be required to submit Medical and Dental PA (including Hospital Dental PA) Reconsideration documentation via the Forms menu of the Alabama Medicaid Interactive Web Portal. A 'Reconsideration' checkbox was added to both Medical and Dental PA Supporting Documentation forms that can be selected when submitting additional information for reconsideration of a denied request.

Please note: The submission process for paper/original Photos, Radiographs, and X-Ray images will remain as it occurs today.

Look for additional information in the upcoming April 2017 edition of the Alabama Medicaid Provider Manual. (Chapter 4: Obtaining Prior Authorization and Chapter 13: Dentist).

Effective May 1, 2017, Alabama Medicaid will only allow the electronic upload and submission of Medical and Dental PA (including Hospital Dental PA) supporting documentation (including Reconsideration) via the web portal. Medical and Dental PA supporting documentation (including Reconsideration) received on paper after that date will be returned to the provider with the exception of paper/original Photos, Radiographs, and X-Ray images.

Steps to Upload Medical and Dental PA Supporting Documentation (including Reconsideration)

Providers should follow these steps to upload Medical and Dental PA Supporting documentation (including Reconsideration) for review:

1. Log on to Medicaid Interactive Web portal: https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx

2. Select **Trade Files/Forms**.

3. Select a form from the drop down list and click on **Search**.
   - **PA1– Dental PA Supporting Documentation**
   - **PA2 – Medical PA Supporting Documentation**

4. Check the box titled 'Reconsideration' if the documentation being submitted relates to a request for reconsideration of a denied request. A copy of the PA denial letter **must** be included along with the additional documentation for reconsideration.

   Note: Only check this box if the documentation being submitted is associated with a request for reconsideration of a denied Medical or Dental PA request.

5. Complete all fields (record ID field will auto populate). Required fields are indicated with an asterisk (*).

   a. **PA Number** - A valid PA number must exist prior to submitting supporting documentation.

   Note: If the documentation being submitted is associated with a request for reconsideration of a denied Medical or Dental PA request, please enter the PA number associated with the denial.

   b. **Detail Line Item Number** - Select the detailed line items that corresponds with the documentation being

In This Issue

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

❑ Office Manager
❑ Billing Dept.
❑ Medical/Clinical Professionals
❑ Other _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up to date information.

submitted. If this documentation applies to all line items associated with this PA, please check **ALL**.

6. Click **Browse** and select the required medical records documentation from your network drive or PC.

7. Review all the values entered for completion and accuracy as no further updates will be allowed once the Submit button is pressed. **Note: If any error messages are presented, resolution of the identified errors is required to complete submission.**

8. Press **Submit**.

   A message will be generated at the top of the page that states "Your form was submitted successfully".

9. A barcode cover sheet is generated and will be displayed.

   Note: Providers **must** retain a copy of the barcode coversheet of the **ORIGINAL** Medical or Dental PA supporting documentation should they need to submit additional documentation.

10. Select the **Print Friendly View** button to print the bar code cover sheet.

11. **Send the Medical PA number associated with the reconsideration in an email to this address:** alrecon@qualishealth.org. **Do not send any PHI in the email.**

   Note: This step is only required when submitting additional information for reconsideration of a denied Medical PA request.

Steps to Fax Medical or Dental PA Supporting Documentation (including Reconsideration)

If a PDF document cannot be created, information may also be faxed in for review. A barcode fax cover sheet is *required* with each submission. Providers should follow the instructions below to fax documentation:

1. Follow steps 1-10 documented above.

2. Include the barcode cover sheet as page one of the fax transmission for the corresponding prior authorization number.

3. Fax the required documentation (PA supporting documentation or reconsideration supporting documentation) with the appropriate barcode cover sheet on top to (334) 215-7416.

4. Send the Medical PA number associated with the reconsideration in an email to this address: alrecon@qualishealth.org. **Do not send any PHI in the email.**

   Note: This step is only required when submitting additional information for reconsideration of a denied Medical PA request.

Important: Barcode cover sheets are unique to **each** prior authorization number. **DO NOT** use a cover sheet that was created for another prior authorization number.

NOTE:
DO NOT place anything over the barcode on the coversheet or alter it in any manner.
DO NOT fax double sided pages.
DO NOT fax multiple sets of records at the same time, each fax should be sent separately.
A fax submission cannot be processed without the barcode cover sheet.

Providers with questions concerning the upload of supporting documentation should contact one of their Provider Representatives. A link to the Provider Representative's contact information may be found at the following link: https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx.

ALABAMA MEDICAID SMOKING COUNSELING GUIDANCE UDPATE TO INCLUDE ICD-10 CODES

Smoking Cessation Counseling
Beginning January 1, 2014, the Alabama Medicaid Agency began coverage of smoking cessation counseling services for Medicaid-eligible pregnant women. Medicaid will reimburse for up to four face-to-face counseling sessions in a 12-month period. The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end). Documentation must support each counseling session. Pharmacies must bill for these services with their DME National Provider Identifier (NPI).

The following CPT Codes are applicable:
 • 99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes ($8.60)
 • 99407 - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes ($17.12)

The following diagnosis codes must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:
 • Z331 - Pregnancy state, incidental,
 • Z333 - Pregnancy state gestational carrier,
 • Z3400-Z3493 - Encounter for Supervision of Normal Pregnancy
 • O0900-O0993 - Supervision of high-risk pregnancy/Pregnancy with other poor obstetric history,
 • O3680X0-O3680X9 - Maternal Care for other fetal problems, **or**
 • Z392 - Encounter for routine postpartum follow-up, **AND**
 • F17200-F17299 - Nicotine dependence, unspecified

REMINDER:
RECOVERY AUDIT CONTRACTOR (RAC) AUDITS

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Change Healthcare (CH), formerly known as Goold Health Systems (GHS), was selected to be Alabama Medicaid's Recovery Audit Contractor (RAC) effective January 1, 2013. Change Healthcare's contract expired on December 31, 2016, and was not renewed. The Agency is in the process of procuring a new RAC vendor.

The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid. The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services.

Providers are reminded that the Alabama Administrative Code, the Provider Manual, and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

The Top Recoupment Reasons by Provider Type for Quarter One, FY2017 are as follows:

Provider Type Reviewed	Top 5 Recoupment Codes by Number of Occurrences
Dental	D50b: No Pre Treatment Radiograph
	D50c: No Post Treatment Radiograph
	D59b: Radiograph Non-Diagnostic for Pre Treatment
	No other recoupment codes identified
Psychology	B1: No Recipient Signature
	B3: Insufficient Documentation to Support Billing
	B4: No Documentation
	B22: No Valid Treatment Plan
	B33: No Time In/Time Out
DME	M1: No Recipient Signature
	M4: No Documentation
	M7: No Valid or Current Prescription
	M11: Billed and Paid in Excess of Allowed Amount
	M12: Billed Amount/Service Does Not Match Documented Amount/Service

The above year to date report is based on provider reviews initiated by the Agency's RAC contractor during the above referenced fiscal year.

Questions regarding the audits should be directed to Yulonda Morris, RAC Program Manager, at (334) 242-5161 or Yulonda.morris@medicaid.alabama.gov
or
Patricia Jones, Recipient Review Associate Director, at (334) 242-5609 or Patricia.jones@medicaid.alabama.gov.

REMINDER:
MEDICAID'S UPDATED CHANGE OF OWNERSHIP (CHOW) POLICY

Medicaid mirrors Medicare's CHOW policy. A provider undergoing a CHOW is not required to submit an application to facilitate a change in ownership. The new owner, as outlined below, can simply accept the current owner's Medicaid provider agreement and receive uninterrupted participation in the Medicaid program. Required documentation for the new owners still has to be submitted to update Medicaid's enrollment records; however, this process assists tremendously in expediting the changes. All documentation for processing a CHOW should be submitted to the Enrollment & Sanctions Unit within the Program Integrity Division at the Alabama Medicaid Agency. Staff in this Unit will review the submitted documentation for completeness, contact the provider for additional information, if necessary, and forward the information to HPE for processing once all required documentation and corresponding updates have been completed.

If a provider chooses not to accept the previous owner's Medicaid provider agreement, they will have to complete the entire application process and will not benefit from uninterrupted participation.

The below information concerning CHOWs can be found in Chapter 19 of the Medicaid provider manual.

Procedures Following a Change in Ownership:
Institutions are to notify Medicaid of any CHOW or closure as soon as Medicare has been notified. The new owner has an option to accept assignment of the existing Medicaid provider agreement or to reject it as outlined below:

Accept previous Owner's Medicaid Agreement results in:
- Uninterrupted participation in Medicaid
- Uninterrupted Medicaid reimbursement for claims by utilizing the previous owner's Medicaid ID number
- New owner subjected to any liabilities such as overpayments to the previous owner and any adjustment of paments
- The new owner must complete and submit a Change of Ownership form, a new Electronic Funds Transmittal Form (EFT), W-9, and Disclosure Forms. Disclosure forms must be completed for any new owners, officers, directors, agents, managing employees, and shareholders with 5% or more controlling interest. These required forms are located on the Medicaid Agency website at:
  Alabama Medicaid
- New owner completes the CHOW form instead of completing a new enrollment application.

Reject previous Owner's Medicaid Agreement results in:
- Interrupted participation in Medicaid

- Contract terminated effective the date of acquisition
- The new owner's Medicaid contract will be effective the date of Medicare compliance
- The effective date for claims reimbursement not being retroactive to the date of acquisition

Acquisition followed by combination into one institution:

- If the previous owner's agreement is **accepted** by the new owner, the acquired institution becomes a remote location or second campus.
- If the previous owner's agreement is **rejected** by the new owner, the second location must undergo a full Medicare survey.

Procedure following a Closure

In the event that a hospital is closed, HPE will end date the hospital's contract effective the date of the closure.

Claims Processing following a Closure

Any claims paid for dates of service after the closure will be recouped.

HPE PROVIDER REPRESENTATIVES

HPE Provider Representatives may be reached by dialing **1-855-523-9170** and entering the appropriate seven digit extension. Provider Representatives travel throughout the state of Alabama and into bordering states within a 30 mile radius. They are available for onsite training for issues related to billing, Medicaid Interactive Web Portal, or Provider Electronic Solutions software. Please contact any Provider Representative for assistance with billing related issues.

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NOTICE TO PROVIDERS SENDING IN PAPER CLAIMS FOR ADMINISTRATIVE REVIEW

When sending in medical records or other copied documentation for claims for administrative review, please **DO NOT** send double sided copies. All documentation is scanned for processing, and HPE cannot scan double sided copies.

As a reminder, all claims must be filed electronically unless an exception exists which requires the claim be sent in on paper.